

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90045 015 ****61.25

DOCUMENT # N44792

1. Entity Name
 LAKESIDE GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 26333 NADIR ROAD
 #107
 PUNTA GORDA, FL 33983 US

Mailing Address
 26333 NADIR ROAD
 #107
 PUNTA GORDA, FL 33983 US

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0342097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONWAY, JOHN
 26333 NADIR RD #107
 PUNTA GORDA, FL 33983

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD CONWAY, JOHN 26333 NADIR RD #107 PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIERZBICKI, MICHAEL 16 WHITNEY RD SOUTH SARATOGA SPRINGS, NY 12866
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ROBERT 26333 NADIR ROAD PORT CHARLOTTE, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL MARTIN 12937 BROADWAY ALDEN, NY 14004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18/08 7165831245
 Date Daytime Phone #